

# *Nursing Home Residents' Rights*

## *Advance Health Care Directives*

An Advance Health Care Directive (AHCD) is a written power of attorney for health care naming someone to make health care decisions for you that may be oral or written. The AHCD communicates your wishes about the care and treatment you want, and who you want to speak for you if you reach a point where you can no longer make your own health care decisions.

All hospitals, nursing homes, home health agencies, hospices, and health maintenance organizations that receive Medicare and Medi-Cal payments must provide patients with written information about making an AHCD. The law does not require that you must have or make an AHCD.

Under California law, adult persons who can make their own decisions have the right to accept or refuse medical treatment or life sustaining procedures. Some examples of medical procedures that you have the right to refuse might be artificial nutrition (feeding through a tube) and hydration (usually intravenous fluids).



### *The Advance Health Care Directive (AHCD)*

- ▼ This is a written or oral instruction that allows the person you choose (agent or surrogate) to make health decisions for you when you are no longer able to make such decisions.
- ▼ If you already have a Durable Power of Attorney for Health Care, it is still valid and does not have to be replaced by the new AHCD unless your health care instructions, or the person you choose to make decisions for you have changed.
- ▼ You should select a person who knows you well, and whom you trust to carry out your directions.
- ▼ The agent or surrogate may not be a “supervising health care provider” even if related to you by blood, marriage, and adoption, or registered domestic partnership. The intent of this is to avoid a conflict between who is proposing or providing treatment and who is making a decision about treatment.
- ▼ If you are currently a resident of a nursing home and preparing a new AHCD, it must be witnessed by two qualified adult witnesses, one who

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## Advance Health Care Directives (*continued*)

must be with the Ombudsman Program. Your physician, the person you are designating as your agent or a nursing home employee may not act as witnesses.

- ▼ You do not need an attorney to complete the AHCD.
- ▼ You are NOT required to complete an AHCD when you enter a nursing home.
- ▼ You make your wishes known, orally and/or in writing by declaring your desire to receive or not receive life-sustaining treatment under certain conditions and outline your instructions pertaining to health care.

### *Reasons why you may want to prepare an Advance Health Care Directive:*

- ▼ To ensure that you receive the care and services you desire.
- ▼ To ensure that care and services are not given when you indicated that you do not want them.
- ▼ To designate the person (agent or surrogate) you would like to make decisions on your behalf.
- ▼ To ensure that family, friends, and your health care provider understand your wishes regarding health care. If you do not make your wishes clear,

your family members, friends and health care provider may not agree about what type of care and treatment you would want. Without an AHCD, there is a possibility that your desires would not be carried out.

By being prepared with an AHCD, you say WHAT types of treatment you want or do not want, and you determine WHO you want to speak for you if you cannot make your own decisions.

### *What if I change my mind after completing the AHCD?*

- ▼ If you are capable of making your own decisions, you can revoke or change an AHCD at any time by informing your surrogate or agent orally or in writing. The revocation must be clearly documented by health care providers. Completion of a properly completed new AHCD form revokes the old form.
- ▼ You should notify any agents, surrogates, and your health care provider of your AHCD changes, especially if you have named a different person as your agent or surrogate.

### *How long is an AHCD valid?*

A written AHCD is valid forever unless you revoke it or state on the form a

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## Advance Health Care Directives (continued)

specific date on which you want it to end. An oral AHCD naming a surrogate is valid only during a specific course of treatment, illness, or stay in the facility. An oral designation of surrogate supercedes a previous written one. An oral individual health care instruction is valid until you revoke it.

*Other documents that help determine your health care desires if and when you are unable to make such decisions for yourself:*

### **Do Not Resuscitate**

You may include your directions regarding CPR, also called Cardio Pulmonary Resuscitation. Directions to your family and physician for “no resuscitation” ensures that if your heart or respiration stops, no CPR will be started. Your wishes should be clear to your family, legal representative, or decision-maker, and you may sign a form along with your physician designating your wishes. No one can

make you sign such a form—it is your choice. Your agent or surrogate may sign this form if you are unable to and this is consistent with your wishes.

### **Preferred Intensity of Treatment Form**

This is a document that your physician may use after a discussion with you and/or your surrogate or agent about your preferences for care. You may decide to receive an antibiotic, or an intravenous or other treatment, specific to a medical problem. Your physician would document your decision in your medical record.

### **Some Other Good Ideas**

Keep a few current copies of your AHCD form on hand as well as keeping a list of people who have a copy of the AHCD.

Keep a copy of the AHCD form in your wallet or purse with your health insurance card. This may assist emergency personnel to know what your wishes for care are in the event that you are unable to tell them.

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### Licensing and Certification District Offices:



Alameda	(866) 247-9100	Riverside	(888) 354-9203
Bakersfield	(866) 222-1903	Sacramento	(800) 554-0354
Chico	(800) 554-0350	San Bernardino	(800) 344-2896
Contra Costa	(800) 554-0352	San Diego North	(800) 824-0613
Daly City	(800) 554-0353	San Diego South	(866) 706-0759
Fresno	(800) 554-0351	San Jose	(800) 554-0348
Los Angeles	(800) 228-1019	Santa Rosa	(800) 554-0349
Orange	(800) 228-5234	Ventura	(800) 547-8267
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